

BURNETT (S. M.)

RECURRENT IRITIS.

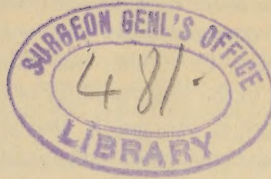
BY

SWAN M. BURNETT, M. D., PH. D.,

PROF. OF OPHTHALMOLOGY AND OTOTOLOGY IN THE UNIVERSITY OF GEORGETOWN; DIRECTOR OF
THE EYE AND EAR CLINIC AT THE EMERGENCY HOSPITAL; OPHTHALMIC AND AURAL
SURGEON TO THE PROVIDENCE, THE GARFIELD AND THE CHILDREN'S
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THERE is probably no inflammatory trouble which is more trying to the patience of both the patient and the surgeon than recurrent iritis. The patients are for the most part in fairly good health, ready and eager for work, and yet the sword of Damocles is hanging over them, and, when they least expect it, an attack places them *hors de combat* for at least several days and it may be for two or three weeks. And then there is always the depressing influence of the possibility of a total blindness. When a surgeon has such a case as this under treatment, the question always comes up, at some part of its course, "shall I do an iridectomy?" and that too in cases where the pupil is not closed and vision is normal or nearly so. A few years ago, when iridectomy was the fashion, and oculists mutilated the iris in the same routine manner that gynæcologists slit up the cervix uteri, such cases were iridectomised as a matter of course; but if a vote were taken to-day among surgeons of experience and observation, I am inclined to think that the opinion would be overwhelmingly against operative interference. When the pupil is occluded or when it is excluded, there are, of course, optical and physical reasons for excising a piece of the iris, but in regard to the purely antiphlogistic action of the iridectomy the profession seems to be getting more and more skeptical, except of course, in these mysterious and incomprehensible conditions of the acute glaucomatous process.

Synechiæ anterior and posterior, are certainly not desirable, but it is a question whether they are so often productive of harm as was at one time supposed, and it is still more doubtful whether freeing only a portion of the iris from its attachments, by means of an iridectomy, leaves the eye in any better state as regards the possibility of future inflammation. I have never been able to make up my mind that the patients upon whom I operated under such conditions would not have been just as well without it. About one thing, however, I am very certain, and that is as to the inadvisability of operating on those cases where there is a closure of the pupils associated with a hypotony of the globe due to old and recurring iridocyclitis. In no such case in which I have done an iridectomy has the artificial pupil remained patent. Usually little or no reaction follows the operation, but in the course of a few weeks the pupil fills up, and the eye returns to its former state. For the encouragement of those who have the courage to adhere strictly to the *laissez faire* system in such cases, I give the history of one typical case in which such a course was justified by the successful issue.

Major J. W. P., though serving continuously and arduously during the late war, was in the hospital only once, and then for a wound received in battle, for which his right hand was amputated. After the war he spent several years exploring in the west and was much exposed to cold and wet. During that time he had a slight attack of rheumatism. For the last fifteen years he has resided principally in Washington, and has been in good health, though having great responsibilities and being much confined. At the time of the assassination of President Garfield, he was greatly interested in the apparatus which was constructed for keeping the President's apartment cool during the excessively hot weather, and was for many days alternately in and out of an ice chamber. Soon after this he noticed a return of the rheumatic pains in various parts of his body. On October 4th, 1881, I saw him for the first time. He complained of some pain in the left eye, which was suffused, and there was marked pericorneal congestion. The eye had then been painful, more or less, for three or four days. I confined him to his room and applied four leeches to the left temple and used the atropine drops. The pupil responded only moderately, and two posterior synechiæ were noticed. Nothing pertaining to a specific affection could be found by examination or history. The further clinical history does not differ in details from those cases of rheumatic iritis with which every ophthalmic surgeon is familiar. Only at the expiration of the customary six weeks was there a subsidence of the inflammatory process. Vision was still dull and the vitreous hazy, showing a participation on the part of the choroid. During that winter he had two recurrences, one of two weeks and another of three weeks duration. In one of these attacks large doses of salicylate of sodium were used, and it was thought that they influenced the pain favorably. There was another light attack in April. During the summer of 1882, he had no attack, and it was not until February, 1883, that it returned with severity. This attack lasted nearly four weeks. There was another in May and another in November. This was the last serious attack, although from time to time during 1884-5, there would be flushing up of the

eye for a few days which, however, subsided with rest, hot applications and atropine. When examined on November 21st, 1885, vision in that eye was $\frac{2}{30}$ and with — 3 was $\frac{2}{20}$. Since that time he has had no trouble and uses his eyes all he desires to. There are still synechiæ posterior but the vitreous and pupil are clear.

During these four years a great deal of outside pressure was brought to bear at various times to have a change of treatment and some radical effort made to prevent a recurrence, and a well known ophthalmic surgeon in a neighboring city, who was consulted, strongly urged operative interference and gave a most gloomy prognosis. I think, however, that the result amply sustains the let alone policy to which the patient and myself adhered so rigidly and shows that an operation is not necessary to a good ending of so protracted a disease. Another feature not without interest, is the development of myopia in that eye which is due most probably to the choroiditis resulting in an elongation of of the eye in its anterior posterior diameter. Previous to the attack, his eyes were emetropic and some year sbefore I had ordered glasses for his presbyopia.

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JAMES P. PARKER, M. D.,

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